

FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS
CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Terri Dillard
Name
(2) 617 S.W. 1st. Street
Address (number and street)
Hallandale Beach, FL 33009
City, State, Zip Code

OFFICE USE ONLY

CITY OF HALLANDALE
CITY CLERK
05 JUN - 6 PM 12:20

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: N/A

(4) Check appropriate box(es):

☒ Candidate (office sought):

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

City Commissioner, Hallandale Beach

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING
COMMUNICATION REPORTS WILL BE FILED

(5) REPORT IDENTIFIERS

Cover Period: From 3 14 1 05 To 6 16 1 05 Report Type TR

☐ Original ☐ Amendment ☐ Special Election Report ☐ Independent Expenditure Report

(6) CONTRIBUTIONS THIS REPORT

Cash & Checks \$ _____

Loans \$ _____

Total Monetary \$ _____

In-Kind \$ _____

(7) EXPENDITURES THIS REPORT

Monetary Expenditures \$ 40.00

Transfers to Office Account \$ 0

Total Monetary \$ 40.00

(8) Other Distributions
\$ _____

(9) TOTAL Monetary Contributions To Date
\$ 1,225.00

(10) TOTAL Monetary Expenditures To Date
\$ 1,250.10

(11) CERTIFICATION

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.) ☐ Treasurer ☐ Deputy Treasurer

X

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

X
Signature

(1) Name Terri Dillard (2) I.D. Number _____
(3) Cover Period 3/04/05 through 6/6/05 (4) Page _____ of _____

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